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	90 02/27/2006			_	41G - 4 - 634 - Nin To	
FINNEGAN, HE LLP 901 NEW YORK	NDERSON, FARAI	BOW, GARRETT &	& DUNNE	Phereby certify that the States Postal Service addressed to the Mai transmitted to the USF	rtificate of Mailing or Tran his Fee(s) Transmittal is beir with sufficient postage for fi il Stop ISSUE FEE address PTO (571) 273-2885, on the	smission g deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.
WASHINGTON, I	DC 20001-4413					(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE	FIRST N	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/808,735	03/25/2004	Stephen Gira		1	3495.0308	5618
TITLE OF INVENTION: N ACTIVITY, AND THERAI	METHOD FOR MODULATE	TING NODI ACTIVITY, THEREOF	, USE OF A N	MTP RELATED MOL	ECULE FOR MODULATI	NG NODI
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	₽U	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	05/30/2006
EXAMINER		ART UNIT	CI	ASS-SUBCLASS		
WAX, ROBERT A		1653		435-004000	-	
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	an assignce is identified be 37 CFR 3.11. Completion	ation form (2) to register of a Customer (2) to register of a Customer (3) E PRINTED ON THE PA clow, no assignee data with this form is NOT a substitution of this form is NOT a substitution of this form is NOT a substitution of the control of the	gents OR, alter the name of a stered attorney gistered patent d, no name wi ATENT (print of ill appear on t stitute for filing	single firm (having as a program or agent) and the name attorneys or agents. If II be printed. or type) the patent. If an assign g an assignment.	a member a less of up to no name is 2 FARAE DUNNE	GOW, GARRETT & CR LLP
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) INSTITUT PASTEUR PARIS, FRANCE						
		ories (will not be printed or	_		orporation or other private gr	roup entity Government
4a. The following fee(s) are Issue Fee Advance Order - # of	mall entity discount permitte	★ A c ed) □ Pay ★ The	ib. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form).			
	MALL ENTITY status. See	37 CFR 1.27. 🔲 b. л			LL ENTITY status. See 37 C	
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Authorized Signature	James	H-M	eg se	Date	ay 30 2.	
Typed or printed name _	Kenneth J. M	eyers (<u></u>	Registration 1	No. 25,146	
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